CANDIDATE'S ELECTION DAY EXPENDITURES

(to be filled by a candidate or his principal campaign committee)

This report is required to be filed by all candidates who are required to file campaign finance disclosure reports and election day expenditures were made. The report is due not later than 10 days after the primary election, and, again, not later than 10 days after the general election if the candidate participates in the general election. This form is used to report payments by the candidate or his political committee (1) for advertising that is broadcast or published on election day. (2) for the services of election day workers, and (3) to organizations for election day activities in support of the candidate. NOTE: This report is required in addition to all other required reports. Therefore, the expenditures reported on this report must be reported in subsequent "Candidate's Reports" for this election.

must be reported in subsequent *Candidate	's Reports" for this election.	
Hand deliver or mall to: CAMPAIGN FINA	NCE, 8401 United Plaza Blvd., Suite 2	00, Baton Rouge, LA 70809-70179.
Full Name and Address of Candidate ROBERT BILLIOT 341 AVENUE C WESTWEGO LA 70094	2.Office Sought (Include little of office as well as parish, city, town and/or election district) State Representative State of Louisiana District 83	OFFICE USE ONLY 10/29 07 08 06 07
Name and address of principal campaign convnitte (Applicable only if candidate has a principal campa	igm committee)	
Secretary and server and secretary to	Please see attached sheets.	1
Date of Primary Election 10/20/2007 Date of General Election		<u> </u>
5. Total Expenditures by Category	£0102	7 9
a. Television Advertising (Sched	dule A)	<u></u>
b. Radio Advertising (Schedule a	A)	0.00
c. Newspaper Advertising (Sche	dule A)	0.00012
d. Services of Election Day Wor	kers (Schedule B)	
e. Payments to Organizations for Day Activities/Services (Schi	x Election edule C)	9,06
For any category in which no election day expenditure be omitted from this report.	es were made, write -o- next to the category in Ner	m 5. Any achedules not required to be completed may
8 a. Name of Person Preparing Report	\$	6 b. Daytime Telephone Please see attached shpets.
7. WE HEREBY CERTIFY that the information content formation and beset, and that no election day experimented by the Louisiana Campaign Pinance Disclorated 19/20/2007 Signature of Canadaste/Chairperson (To Chairperson only if report by principal of Chairperson only if the Chairperson only i	ndikures have been made that have not been repositive Act.	rue and correct to the best of our knowledge.
Signature of Treasurer		Daytime Telephone Number

Affiliated Persons / Organizations	2/8
Name and Address of Person Preparing Report PHILIP W RESOWE 3501 N. CAUSEWAY BLVD. 6TE. 810 METAIRIE LA 70002 Challyperson:	Candidate information Office Spunist (include title of office as well) parish, City, town and/or election district) Name of Political Party: SUPPORTED OPPOSED by the Committee
Daytime Telephone (Preparet): 504-837-9116	Rai of Afr. Org. to Comm:

The following information must be provided for each individual to whom an expenditure was made for services performed on election day. Also, the information must be provided for each individual performing services on election day to whom a monetary expenditure was made by an organization to which a payment was made by the candidate completing this report. Such an organization is required by law to furnish this information to the candidate completing this report.

Name and Address of Recipient	2, Social Security Number	3. Amount Paid	4. Organization Making Payment (if applicable)
Geralyn Alsobrooks		100.00	
Corey Arable		100.00	[X
Susan Autin		100.00	
Peter Bertucci		100.60	<u> </u>
Kris Bardelon		109.00	
Misty Bourgeois		100.00	
Leuis Burns		190.00	
Brenda Chighezola		100.00	
	8	ž.	

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2. Social Security Number	3. Amount Paid	Organization Making Payment (if applicable)
	200.00	
	100.60	
	100.00	20,50
	100.00	
	100.00	<u>18</u>
	100.00	
	100.00	
	100.00	
		100.00 100.00 100.00

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2. Social Security Number	3. Amount Paid	Organization Making Payment (if applicable)
	100.00	
- 0	100 .D0	
	100.00	
	200,00	
	100.90	
	100.00	
	100.00	
	100,00	5
		100.00 100.00 100.00

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2. Social Security Number	3. Amount Paid	Organization Making Payment (if applicable)
	100.00	
	100.D0	2 APP 42017
	100.90	
	10G.0D	
	100.00	
	100.00	- 10 March
	100.66	
	100.00	
		100.00 100.00 100.00 100.00

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2. Social Security Number	3. Amount Paid	Organization Making Payment (if applicable)
	186.00	
	100.00	1 (d) (d)
į	100.00	
	100.09	
	160.00	
	100.00	
	100.60	
33	109.00	
		100.00

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1. Name and Address of Recipient	2. Social Security Number	3. Amount Paid	4. Organization Making Payment (if applicable)
Delta munch	\$3 12 50 50 50	100.00	-
	¥		1
224 327 370 370	100		ľ